

2164 9354

ARREST / NOTICE TO APPEAR
Juvenile Referral Report

1. Arrest
2. N.T.A.
3. Request for Warrant
4. Request for Capias

Juvenile ☒ N

ADMINISTRATIVE	OBTS Number		Agency ORI Number FLO 5 0 2 6 0 0		Agency Name PALM BEACH GARDENS POLICE DEPARTMENT		Agency Report Number 78 - 21002428		
	Charge Type: Check as many as apply: <input type="checkbox"/> 1. Felony <input type="checkbox"/> 2. Traffic Felony <input type="checkbox"/> 3. Misdemeanor <input checked="" type="checkbox"/> 4. Traffic Misdemeanor <input type="checkbox"/> 5. Ordinance <input type="checkbox"/> 6. Other		Weapon Seized / Type <input checked="" type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		Multiple Clearance Indicator				
	Location of Arrest (Including Name of Business) 9274 BIRMINGHAM DR, PBG, FL				Location of Offense (Business Name, Address) NORTHLAKE BLVD/KEATING DR, PBG, FL				
	Date of Arrest 06/05/2021	Time of Arrest 22:46	Booking Date	Booking Time	Jail Date	Jail Time	Location of Vehicle KAUFF'S TOWING AND RECOVERY 4701 EAST AVENUE, WPB, FL 33407		
DEFENDANT	Name (Last, First, Middle) VALDES, PAUL,						Alias (Name, DOB, Soc. Sec. #, Etc.)		
	Race W - White I - American Indian B - Black O - Oriental/Asian W	Sex M	Date of Birth 11/03/1969	Height 5'9	Weight 180	Eye Color BRO	Hair Color BRO	Complexion LIGHT	Build MED
	Scars, Marks, Tattoos, Unique Physical Features (Location, Type, Description)				Marital Status SINGLE	Religion NONE	Indication of: Alcohol Influence <input type="checkbox"/> Drug Influence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="checkbox"/> Unk. <input type="checkbox"/>		
	Local Address (Street, Apt. Number) 9274 BIRMINGHAM DR, PALM BEACH GARDENS, FL 33410		(City) PALM BEACH GARDENS, FL	(State) FL	(Zip) 33410	Phone (407) 848-0051		Residence Type: 1. City 2. County 3. Florida 4. Out of State 2	
CO-DEF	Permanent Address (Street, Apt. Number) 9274 BIRMINGHAM DR, PALM BEACH GARDENS, FL 33410		(City) PALM BEACH GARDENS, FL	(State) FL	(Zip) 33410	Phone		Address Source VERBAL	
	Business Address (Name, Street)		(City)	(State)	(Zip)	Phone		Occupation	
	D/L Number, State V432680694030 FL		Soc. Sec. Number		INS Number		Place of Birth (City, State) FAIRFAX, VA		Citizenship US
	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
JUVENILE	Co-Defendant Name (Last, First, Middle)		Race	Sex	Date of Birth	<input type="checkbox"/> 1. Arrested <input type="checkbox"/> 2. At Large		<input type="checkbox"/> 3. Felony <input type="checkbox"/> 4. Misdemeanor <input type="checkbox"/> 5. Juvenile	
	Parent <input type="checkbox"/> Legal Custodian <input type="checkbox"/> Other: Name (Last) (First) (Middle) Address (Street, Apt. Number) (City) (State) (Zip) Notified by: (Name) (City) (State) (Zip) Released To: (Name) (City) (State) (Zip) Relationship		Residence Phone		Business Phone		Juv. Disposition 1. Handled/processed within Dept. and Released. 2. TOT HRS / DYS 3. Incarcerated		
	The above address provided by <input type="checkbox"/> defendant and / or <input type="checkbox"/> defendant's parents. The child and / or parent was told to keep the Juvenile Court Clerk (Phone 355-2526) informed of any change of address. <input type="checkbox"/> Yes, by: (Name) <input type="checkbox"/> No: (Reason)		School Attended		Grade		Property Crime? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Description of Property		Value of Property		Drug Activity N. N/A P. Possess S. Sell B. Buy T. Traffic R. Smuggle D. Deliver E. Use K. Dispense/ Distribute M. Manufacture/ Produce/ Cultivate Z. Other		Drug Type N. N/A A. Amphetamine B. Barbiturate C. Cocaine E. Heroin H. Hallucinogen M. Marijuana O. Opium/Deriv. P. Paraphernalia/ Equipment S. Synthetics U. Unknown Z. Other		
CHARGE	Charge Description DRIVING UNDER THE INFLUENCE OVER .08		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(1)(C)		Violation of ORD #		
	Drug Activity N	Drug Type N	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
	Charge Description DUI ENHANCED OVER .15		Counts 1	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number 316.193(4)		Violation of ORD #		
	Drug Activity N	Drug Type N	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
CHARGE	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
	Charge Description		Counts	Domestic Violence <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	Statute Violation Number		Violation of ORD #		
	Drug Activity	Drug Type	Amount / Unit	Offense #	Warrant / Capias Number		Bond		
NOTICE TO APPEAR	Location (Court Name, Address) NORTH COUNTY COURTHOUSE, 3188 PGA BOULEVARD, PALM BEACH GARDENS, FL 33410-1M		Court Date and Time Month JULY Day 7 Year 2021 Time 10:00 AM <input checked="" type="checkbox"/> PM		I AGREE TO APPEAR AT THE TIME AND PLACE DESIGNATED TO ANSWER THE OFFENSE CHARGED OR TO PAY THE FINE SUBSCRIBED. I UNDERSTAND THAT SHOULD I WILLFULLY FAIL TO APPEAR BEFORE THE COURT AS REQUIRED BY THIS NOTICE TO APPEAR, THAT I MAY BE HELD IN CONTEMPT OF COURT AND A WARRANT FOR MY ARREST SHALL BE ISSUED		06/05/2021		
	Signature of Defendant (or Juvenile and Parent / Custodian)		Date Signed		Name Verification (Printed by Arrestee) PAUL VALDES		PAGE 1 OF 1		
	HOLD for other Agency Name: <input type="checkbox"/> Dangerous <input type="checkbox"/> Repeated Arrest <input type="checkbox"/> Suicidal <input type="checkbox"/> Other:		Signature of Arresting Officer A. FLINK Name of Arresting Officer (Print) OFC. ANDREW FLINK ID # 514		Witness here if subject signed with an "X"		PAGE 1 OF 1		
	Intake Deputy Diana Lopez ID # 514		Pouch #		Agency PBGPD				

DISTRIBUTION: WHITE - COURT COPY

GREEN - STATE ATTORNEY

YELLOW - AGENCY

PINK - AGENCY

GOLD - DEFENDANT (N.T.A.'s ONLY)

0523787

2164

D.U.I. PROBABLE CAUSE AFFIDAVIT

On the 5TH day of JUNE 2021 at 2224 ☐ AM ☒ PM

Subject: VALDES, PAUL, Case Number: 21002428

Agency: PALM BEACH GARDENS POLICE DEPARTMENT Arresting Officer: OFC. ANDREW FLINK 514

PERSONAL CONTACT

DRIVING PATTERN: (Actual Physical Control; Physical Evidence or Statements Putting Defendant Behind Wheel of Vehicle)

Ofc Medina 527 observed a vehicle, a GMC pick-up (IW74KY/FL) driving carelessly in the area of Northlake Blvd and Keating Dr, PBG, FL. Ofc Medina said the vehicle made a right hand turn on to Keating to go north bound from west bound Northlake. Ofc Medina further stated the vehicle negotiated the turn wide almost striking the curb and rapidly accelerating to the point of breaking traction with the roadway. Ofc Medina lastly said the vehicle took an extended period of time to pull over, after Ofc Medina activated his overhead lights. The vehicle pulled into the driveway of the registered owner, at 9274 Birmingham Dr, PBG, FL. This Officer made contact with the driver and sole occupant, identified via Florida Driver License photo, Paul Valdes, while he was still in the driver seat.

OBSERVATION OF DRIVER:

Valdes had slurred, mumbled speech, flushed red face, bloodshot watery eyes, and the strong obvious odor of an unknown alcoholic beverage emanating from his breath at conversational distance.

DRIVER STATEMENTS:

Valdes said he was coming from "U-Tiki" and "Guanarama's", this Officer asked if it was "Guanabanas", to which he said "however you want to say it". When asked how much he's had to drink tonight, Valdes said "a little bit".

ODORS: Unknown alcoholic beverage

GENERAL OBSERVATIONS

SPEECH: Slurred, mumbled

ATTITUDE: Annoyed then mood swings

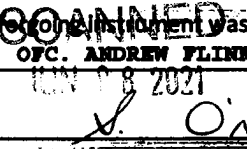
CLOTHING: White shirt, blue jeans, brown flip-flops


MEDICAL/OTHER: Hypertension

STATE OF FLORIDA
COUNTY OF PALM BEACH


SIGNATURE OF ATTESTING OFFICER

The foregoing instrument was sworn to or affirmed and subscribed before me this 5th day of June 20 21 by OFC. ANDREW FLINK 514 who is ☒ personally known to me or ☐ produced


Notary Public, Clerk of Court, Officer (FSS 117.10)


Notary Public - State of Florida
Commission # GG 972080
My Comm. Expires Jun 25, 2024
Bonded through National Notary Assn.

STAMP

D.U.I. PROBABLE CAUSE AFFIDAVIT Cont.

Subject: VALDES, PAUL,

Case Number: 21002428

ROADSIDE TASKS

HORIZONTAL GAZE NYSTAGMUS:

LEFT EYE

- ☒ Lack of Smooth Pursuit
- ☒ Distinct & Sust. Nystag. at Max. Deviation
- ☒ Onset of Nystagmus Prior to 45 Degrees

RIGHT EYE

- ☒ Lack of Smooth Pursuit
- ☒ Distinct & Sust. Nystag. at Max. Deviation
- ☒ Onset of Nystagmus Prior to 45 Degrees

Other Observations:

Valdes had to be told multiple times to follow the stimulus, at times not tracking all the way to the side and at times looking at this Officer's face. Valdes also stepped out of the exercise position without being told to do so. Valdes had Vertical Gaze Nystagmus in both eyes.

Walk and Turn

Valdes had great difficulty getting into the starting position. Valdes was shown the proper way to get into the starting position took an extended time to enter the position, then attempted to start the exercise early. While being explained the exercise, Valdes stepped out of the starting position again and had to be told to get back into position before starting. During the first set of steps, Valdes raised his arms more than six inches from his sides and missed heel-to-toe on multiple steps. Valdes took 10 steps rather than nine then completed an improper turnaround. During the turnaround, Valdes lost his balance, stumbled and almost fell. During the return set of steps, Valdes again raised his arms more than six inches from his sides, missed heel-to-toe multiple times. Valdes also stepped off the line twice and took 10 steps rather than nine.

One Leg Stand

During the exercise, Valdes raised his right foot. Valdes made it to the count of "one" then lost his balance, crossed his raised foot over and placed it on the ground, while also raising his arms more than six inches from his sides. Valdes attempted again and placed his foot down two more times, thus concluding the exercise. Valdes never made it past the count of "seven". Valdes was also swaying while his leg was raised. It should be noted, after placing his foot down the first time, Valdes took an extended period of time to compose himself and raise his foot again.

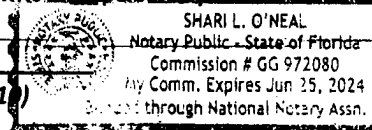
BREATH RESULTS: 1) .250 @ 2337 2) .245 @ 2340 3) - @ - @ -

STATE OF FLORIDA
COUNTY OF PALM BEACH


SIGNATURE OF ATTESTING OFFICER

The forgoing instrument was sworn to or affirmed and subscribed before me this 5th day of June 20 21 by
OFF. ANDREW FLINK 514 who is ☒ personally known to me or ☐ produced

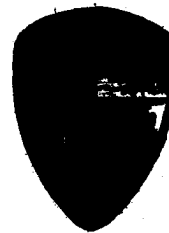

Notary Public, Clerk of Court, Officer (FSS 117.1)



STAMP



**PALM BEACH GARDENS POLICE DEPARTMENT
DUI TESTING FACILITY INFORMATION SHEET**



PBSO Case #: 21-073069 PBSO Zone: 3-13

Agency Case #: 21002428 Crash Case #: _____

Incident Information:

Time of Stop/Crash: 2224 Date of Incident: 06/05/2021 Day: SATURDAY

Location of Incident: NORTHLAKE BLVD/KEATING DR, PBG, FL

Arrest Information:

Time of Arrest: 22:46 Date of Arrest: 06/05/2021 Day: SATURDAY

Location of Arrest: 9274 BIRMINGHAM DR, PBG, FL

Subject's Name: (L) VALDES (F) PAUL (M) _____

DOB: 11/03/1969 Race: W Sex: M Height: 5'9 Weight: 180 Hair BRO Eye BRO

Address: 9274 BIRMINGHAM DR, PBG, FL 33410 Phone: (407) 848-0051

Arresting Officer's Name: OFC. ANDREW FLINK ID#: 514

Agency: PBGPD Division: TRAFFIC - DUI

Breath Results

- 1) .250 at 2337 hrs.
- 2) .245 at 2340 hrs.
- 3) - at - hrs.
- 4) - at - hrs.

---BAT Use---

BAT Notified: YES
Arrival Time at BAT: 2310
Subject Arrest Time: 22:46

Breath Test Operator: ONEAL 6212
PBSO

TESTING FACILITY TASK REPORT

AGENCY: PBG OFC. FLINK #514

SUBJECT: VALDES, PAUL

CASE NUMBER: 21-073069

DATE: 06-05-21

VIDEO DVD NUMBER: N/A

BEGINNING TIME: 2331 HRS

ENDING TIME: 2343 HRS

BREATH TESTS RESULTS: 1) .250 TIME 2337 A.M. ☐ P.M. ☒ 2) .245 TIME 2340 A.M. ☐ P.M. ☒
3) TIME A.M. ☐ P.M. ☐ 4) TIME A.M. ☐ P.M. ☐

BREATH OPERATOR: S.O'NEAL #6212

MAINTENANCE TECHNICIAN: J. KARLECKE #6467

TESTING OFFICER'S OBSERVATIONS

SPEECH: SLURRED

ATTITUDE: CALM, COOPERATIVE, SARCASTIC, PROFANE

CLOTHING: SHIRT-KHAKI PANTS- LIGHT BLUE JEANS

MEDICAL CONDITIONS: HIGH BLOOD PRESSURE

MEDICATIONS: NONE

OTHER:

EYES: RED, GLASSY

ODOR OF UNKNOWN ALCOHOLIC BEVERAGE.

COMMENTS:

20 MIN. OBSERVATION DONE BY A/O FLINK #514

A/O REQUESTED THE BREATH TEST.

D SUBMITTED AT FIRST.

AS I WAS EXPLAINING THE BREATH PROCEDURE TO THE D, HE DECIDED TO REFUSED.

A/O READ THE IMPLIED CONSENT ON CAMERA TO THE D.

D UNDERSTOOD THE I/C AND DECIDED TO SUBMIT TO THE BREATH TEST AGAIN AFTER THE I/C WAS READ TO HIM.

D COMPLETED THE TEST CORRECTLY.

EXPLAINED THE BREATH RESULTS TO THE D.

C/W READ ON CAMERA, D REFUSED Q&A.

**FLORIDA DEPARTMENT OF LAW ENFORCEMENT
ALCOHOL TESTING PROGRAM
BREATH ALCOHOL TEST AFFIDAVIT**

Instrument Type: Intoxilyzer 8000
Instrument Registered To: PALM BEACH CO SO
Instrument Serial Number: 80-006029 Software: 8100.27
Date of Test: 06/05/2021

Date of Last Agency Inspection: 05/14/2021
Observation Period Began: 23:10
Subject's Name: PAUL VALDES

DOB: 11/03/1969 Sex: M

The subject was observed for at least twenty-minutes prior to the administration of the breath test to ensure that the subject did not take anything orally and did not regurgitate.

Results:	Test	g/210L	Time
	Diagnostics Check	OK	23:35
	Air Blank	0.000	23:36
	Control Test	0.081	23:36
	Air Blank	0.000	23:36
	Subject Sample #1	0.250	23:37
	Air Blank	0.000	23:38
	Air Blank	0.000	23:40
	Subject Sample #2	0.245	23:40
	Air Blank	0.000	23:41
	Control Test	0.080	23:41
	Air Blank	0.000	23:41
	Diagnostics Check	OK	23:42

Cylinder Lot: 22620080A2
Exp: 10/05/2022

State of Florida, County of Palm Beach

Personally appeared before me the undersigned authority, who (☒) is personally known to me or (☐) produced _____ as identification, and who after being placed under oath, states:

I SHARI L O'NEAL, hold a valid Breath Test Operator permit issued by the Florida Department of Law Enforcement, I administered the above breath test to the subject named above in accordance with Chapter 11D-8, Florida Administrative Code, and this form is a true and accurate report of that breath test.

Breath Test Operator: [Signature] Date: 06-05-21
Signature

Sworn to (or affirmed) before me this 05 day of June, 2021

Signature of Notary Public-State of Florida

Ofc. Flink #514
Printed Name of Notary Public-State of Florida

Note: Pursuant to section 117.10, Florida Statutes, law enforcement officers, correctional officers, traffic accident investigation officers and traffic infraction enforcement officers are notaries public when engaged in the performance of official duties. In accordance with section 316.1934(5), F.S., this completed form is admissible without further authentication and is presumptive proof of the results herein. To be used in accordance with Section 316.1934(5), F.S., and in administrative proceedings pursuant to 322.2615, F.S.

SUBJECT: _____ CASE NUMBER: _____

IMPLIED CONSENT FOR DUI IN A MOTOR VEHICLE

NOTE: READ ONLY THE PARAGRAPH APPLICABLE TO THE TYPE OF TEST YOU ARE REQUESTING.

I am now requesting that you submit to a lawful test of your BREATH for the purpose of determining its alcohol content.

-OR-

I am now requesting that you submit to a lawful test of your URINE for the purpose of detecting the presence of chemical or controlled substances.

-OR-

I am now requesting that you submit to a lawful test of your BLOOD for the purpose of detecting its alcohol content and the presence of chemical or controlled substances.

NOTE: READ ONLY IF THE SUBJECT DOES NOT COMPLY WITH YOUR REQUEST.

I am _____ of the _____.

If you fail to submit to the test I have requested of you, your privilege to operate a motor vehicle will be suspended for a period of one (1) year for a first refusal, or eighteen (18) months if your privilege has been previously suspended as a result of a refusal to submit to a lawful test of your breath, urine or blood. Additionally, if you refuse to submit to the test I have requested of you and if your driving privilege has been previously suspended for a prior refusal to submit to a lawful test of your breath, urine or blood, you will be committing a misdemeanor. Refusal to submit to the test I have requested of you is admissible into evidence in any criminal proceeding.

SUBJECT'S SIGNATURE: (X) _____

CONSTITUTIONAL WARNINGS

I AM REQUIRED TO WARN YOU BEFORE YOU MAKE ANY STATEMENTS THAT YOU HAVE THE FOLLOWING RIGHTS:

1. You have the right to remain silent and not answer any questions.
2. Any statement must be freely and voluntarily given.
3. You have the right to the presence of a lawyer of your choice before you make any statement and during any questioning.
4. If you cannot afford a lawyer, you are entitled to the presence of a court appointed lawyer before you make any statements and during any questioning.
5. If at any time during the interview you do not wish to answer any questions, you are privileged to remain silent.
6. I can make no threats or promises to induce you to make a statement. This must be of your own free will.
7. Any statement can and will be used against you in a court of law.

SUSPECT'S SIGNATURE: (X) _____

SUBJECT: _____ CASE NUMBER: _____

QUESTIONS AND ANSWERS

I AM NOW GOING TO ASK YOU SOME QUESTIONS. WITH THESE RIGHTS IN MIND, YOU MAY ANSWER SOME OF, ALL OF, OR NONE OF THE FOLLOWING QUESTIONS AS YOU LIKE.

WERE YOU OPERATING A MOTOR VEHICLE AT THE TIME OF THE STOP/ACCIDENT? _____

WHERE WERE YOU GOING? _____

WHAT STREET OR HIGHWAY WERE YOU ON? _____

DIRECTION OF TRAVEL? _____ WHERE DID YOU START? _____

WHAT TIME DID YOU START? _____ WHAT TIME IS IT NOW? _____

WHAT IS TODAY'S DATE? _____ WHAT DAY OF THE WEEK IS IT? _____

WHAT COUNTY AND CITY ARE YOU IN NOW? _____

WHEN DID YOU LAST EAT? _____ WHAT DID YOU EAT? _____

WHAT HAVE YOU BEEN DOING FOR THE LAST THREE HOURS? _____

HOW MUCH DO YOU WEIGH? _____ HAVE YOU BEEN DRINKING? _____ WHAT? _____

HOW MUCH? _____ WHERE? _____ WITH WHOM? _____

WHEN DID YOU HAVE YOUR FIRST DRINK? _____ AND YOUR LAST DRINK? _____

HOW DID YOU CONSUME YOUR LAST TWO DRINKS? _____

CAN YOU FEEL THE EFFECTS OF THE ALCOHOL? _____ ARE YOU UNDER THE INFLUENCE? _____

HAVE YOU CONSUMED ANY ALCOHOL SINCE THE ACCIDENT? _____ HOW MUCH? _____

WHAT? _____ WHERE? _____ WHEN? _____

WHAT LINE OF WORK ARE YOU IN? _____ WHEN DID YOU LAST WORK? _____

DO YOU HAVE ANY PHYSICAL DEFECTS OR INJURIES? _____ WHAT? _____

ARE YOU SICK OR INJURED? _____ WHAT'S WRONG? _____

DO YOU LIMP? _____ DID YOU RECEIVE A BUMP ON THE HEAD RECENTLY? _____

WERE YOU IN AN ACCIDENT TODAY? _____

HAVE YOU TAKEN ANY DRUGS OR SMOKED ANY MARIJUANA TODAY? _____ WHEN? _____

HAVE YOU SEEN A DOCTOR OR DENTIST TODAY? _____ WHO? _____ WHY? _____

ARE YOU TAKING ANY PRESCRIPTION MEDICINES? _____ WHAT? _____ WHEN? _____

DO YOU HAVE: EPILEPSY? _____
 GLASS EYE? _____
 FALSE TEETH? _____
 EAR INFECTION? _____
 INNER EAR TROUBLE? _____
 DIABETES? _____

DO YOU HAVE ANY PROBLEMS WITH YOUR EYES THAT ARE NOT CORRECTED BY GLASSES? _____

DO YOU TAKE INSULIN? _____ IF SO, WHEN WAS YOUR LAST INJECTION? _____

HAVE YOU EVER HAD A DRIVER'S LICENSE IN ANY OTHER STATE? _____ WHERE? _____

INTERVIEWER: _____

WHITE - STATE ATTY.

YELLOW - DHSMV

PINK - CENTRAL RECORDS

GOLD - JAIL



**PALM BEACH COUNTY
SHERIFF'S OFFICE**
Florida State Statute Exemption Sheet

Palm Beach County Sheriff's Office – Arrests Only

	X	Florida State Statute	Description	Page Number(s)
L/E Exemptions	<input type="checkbox"/>	119.071(2)(d)	Surveillance techniques, procedures and personnel; inventory of law enforcement resources, policies or plans pertaining to mobilization deployment or tactical operations.	
	<input type="checkbox"/>	943.053, 943.0525	NCIC/FCIC/FBI and in-state FDLE/DOC.	
	<input type="checkbox"/>	119.071(4)(c)	Undercover personnel.	
	<input type="checkbox"/>	119.071(2)(f)	Confidential informants (CIs).	
	<input type="checkbox"/>	119.071(2)(e)	Confession.	
Public Info. Exemptions	<input type="checkbox"/>	985.04(1)	Juvenile offender records.	
	<input type="checkbox"/>	119.071(h)(i)	Assets of a crime victim.	
	<input type="checkbox"/>	395.3025(7)(a), 456.057(7)(a)	Medical information.	
	<input type="checkbox"/>	394.4615(7)	Mental health information.	
	<input type="checkbox"/>	119.071(4)(d)(2)(a)	Home address, telephone, Social Security number, date of birth, or photos of active/former LE personnel, spouses, and children.	
Florida Rules of Judicial Administration 2.420 (Rule of 23)	<input checked="" type="checkbox"/>	(iii) 119.0714(1)(i)-(j), (2)(a)-(e)	Social Security, bank account, charge, debit, and credit card numbers.	2
	<input type="checkbox"/>	(viii) 394.4615(7)	Clinical records under the Baker Act.	
	<input type="checkbox"/>	(xii) 741.30(3)(b)	The victim's address in a domestic violence action on petitioner's request.	
	<input type="checkbox"/>	(xiii) 119.071(2)(h), 119.0714(1)(h)	Protected information regarding victims of child abuse or sexual offenses.	
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
	<input type="checkbox"/>			
Other	<input type="checkbox"/>		Other:	
	<input type="checkbox"/>		Other:	

REVIEW COMPLETED BY

Booking Number: 2021013745	Date: 06/06/2021
	Specialist Name/ID: C. Denzel/8691